

FAX RECEIVED

Moot

See papers #9 and #12

Received from < 323 464 3027 > at 2/3/03 7:23:34 PM [Eastern Standard Time]

FEB 03 2003

PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0851-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person shall be required to provide information unless it displays a valid OMB control number.

TECHNOLOGY CENTER 2003
SPECIAL PROGRAM CENTER

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

| | |
|------------------------|-------------------|
| Application Number | 09/830,279 |
| Filing Date | 10/23/2001 |
| First Named Inventor | Geoffrey McCabe |
| Art Unit | 2837 |
| Examiner Name | Lockett, Kimberly |
| Attorney Docket Number | |

Please change the Correspondence Address for the above-identified application to:

☐ Customer Number
Type Customer Number here

Place Customer
Number Bar Code
Label here

OR

| | | | | | |
|---|----------------------|-------|----|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Geoffrey Lee McCabe | | | | |
| Address | 6124 Glen Tower Walk | | | | |
| Address | | | | | |
| City | Hollywood | State | CA | ZIP | 90068 |
| Country | USA | | | | |
| Telephone | 323 819-0100 | Fax | | | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☒ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.